MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-b)

CERTIFICATE OF DEATH

07830

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Church Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Church Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Broadway

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife: Irene Broadway

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Aug 25 1865

8. AGE: Years: 74 Months: 11 Days: 4 If less than one day: hrs. min.

9. Birthplace: Church Hill, Queen Anne's, Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Benjamin Broadway

13. Birthplace: Queen Anne's Co.

MOTHER — 14. Maiden name: Lottie ?

15. Birthplace: Queen Anne's Co.

16. Informant: Irene Broadway

Address: Centreville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31 1940 (month) (day) (year)

Cemetery or crematory: Browns Corner Cem.

Location: near Centreville

18. Funeral director: Barton Bros.

Address: Centreville Md.

19. July 30 1940 (Date rec'd by registrar) W. H. Goode Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1940 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1940 to July 29 1940

and that I last saw him alive on July 27 1940

Immediate cause of death: Rheumatic Heart Disease — DURATION: 2 yrs 6 mos

Due to:

Due to:

Other conditions: Acute Lobar Pneumonia 6 hrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Norwood S. Dudley M.D. or other

Address: Church Hill Md. Date signed July 30 1940

RECEIVED
AUG 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

07831

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne

City or town: Town Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Md. County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1100 Eutaw Place,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Morton H Cannon

3. (b) Social Security Number: 218-05-5802

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Mildred M. Cannon

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Mar 4 1893

8. AGE:

Years	Months	Days	If less than one day
47	4	6	hrs. min.

9. Birthplace: Rock Hall Maryland (Town, county, and state)

10. Usual occupation: Cork insulator

11. Industry or business:

FATHER — 12. Name: Arthur W Cannon

13. Birthplace: Cecil Co Maryland

MOTHER — 14. Maiden name: Lydia A Fogwell

15. Birthplace: Kent Co Maryland

16. Informant: Capt A Cannon

Address: Town Point, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13-1940 (month) (day) (year)

Cemetery or crematory:

Location: Rock Hall

18. Funeral director: Frank E. Thomas & Son

Address: Stevensville Md

19. July 11- 1940 (Date received by registrar) Frank E. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 min
Due to: Arteriosclerosis	4 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lawrence Price M D

Deputy Medical Examiner M. D. or other

Address: Centreville Md Date signed 7-10-40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92b)

07853

CERTIFICATE OF DEATH

Reg. Dist. No. 257

1. PLACE OF DEATH:
County: Queen Anne
City or town: Ingleside
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 45 N. Catherine St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Arthur Colliz Chilcutt

3. (b) Social Security Number: 215-09-3697

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Dorothy Kraus
6(c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): Jan 13 - 1889
8. AGE: Years 51 | Months 5 | Days 27 | If less than one day ___ hrs. ___ min.
9. Birthplace: Mr Centreville 2a Co - Md
(Town, county, and state)
10. Usual occupation: Conductor on St Car
11. Industry or business:
FATHER
12. Name: Mordeci Chilcutt
13. Birthplace: Q. A. Co - Md
MOTHER
14. Maiden name: Ida Cahall
15. Birthplace: Q. A. Co - Md
16. Informant: Mrs Arthur Chilcutt
Address: Ingleside - Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 12 - '40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville
16. Funeral director: Barton Bros
Address: Centreville, Md.
19. 7/11 1940 (Date rec'd by registrar) C. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9 1940, at 6.30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940, to July 9 1940 and that I last saw him alive on July 9 1940.
Immediate cause of death: Cerebral Hemorrhage — DURATION: 30 min
Due to: Hypertension
Due to:
Other conditions: Mitral Heart Lesion
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of:
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ✓
Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: Norman S. Dudley M. D. or other
Address: Church Hill Md Date signed: July 9

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

07832

CERTIFICATE OF DEATH

Reg. Dist. No. 255

1. PLACE OF DEATH:

County: Queen Annes

City or town: Pond Town Near Sudlersville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Annes

City or town: Pond Town Near Sudlersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary A. Clark

3. (b) Social Security Number: none

4. Sex: female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: George Clark

6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): ~~Jan 10 - 40~~

8. AGE: Years: 58 Months: unknown Days: to family If less than one day: hrs. min.

8. Birthplace: Pond town Near Sudlersville Md. (Town, county, and state)

10. Usual occupation: Farm hand

11. Industry or business

FATHER

12. Name: George Washington

13. Birthplace: Pond Town

MOTHER

14. Maiden name: unknown

15. Birthplace: unknown

18. Informant: George Clark

Address: Near Sudlersville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 14 1940 (month) (day) (year)

Cemetery or crematory: Bethel

Location: near Sudlersville

18. Funeral director: Edward Fellows

Address: Millington Md.

19. July 12 1940 (Date rec'd by registrar) F. M. Stack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940 [illegible] M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940 to July 1940 and that I last saw her alive on July 10 1940

Immediate cause of death: Angina Pectoris

Due to: Rheumatism

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. W. Stack M. D. or other

Address: Crumpton Md Date signed: July 12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 14 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (469)

CERTIFICATE OF DEATH

07833

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Price
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 3 Days 1938
Stay in this community (yrs., or mos., or days): 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Price Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Cleveland Coleman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: Mary Hazel Coleman
6(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): Jan. 5, 1893

8. AGE:

Years	Months	Days	If less than one day
47	6	22	hrs. min.

9. Birthplace: Queen Anne Co
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Agriculture

FATHER
12. Name: William Coleman
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha Anderson
15. Birthplace: Queen Anne Co Md

16. Informant: Mary Hazel Coleman
Address: Price

17. Burial (Burial, cremation, or removal. Which?) Date thereof JULY 30 1940 (month) (day) (year)
Cemetery or crematory: Church Hill
Location: Church Hill
18. Funeral director: Wm. H. Hood
Address: Church Hill

19. July 29 1940 (Date rec'd by registrar) W. H. Hood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1940 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to July 27 1940
and that I last saw him alive on July 27 1940

Immediate cause of death: Carcinoma Breast — DURATION: 2 yrs
Due to:
Due to:
Other conditions: Partial Hysterectomy
(Include pregnancy within 3 months of death)
Major findings:
Of operation: Carcinoma Breast
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Norman S. Sudler M. D. or other
Address: Church Hill Date signed July 27

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (53)

07834

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County Queen Anne
City or town Greasonville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Anne
City or town Greasonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James A. Collier
3. (b) Social Security Number none

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife Georgia Collier Deceased
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) about 1863
8. AGE: Years about 77 Months Days If less than one day hrs. min.
9. Birthplace Queen Anne Co. Md (Town, county, and state)
10. Usual occupation Watermen
11. Industry or business
FATHER 12. Name unknown
13. Birthplace "
MOTHER 14. Maiden name "
15. Birthplace "
16. Informant Oscar Smith
Address Greasonville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10-40 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville Md
18. Funeral director John D. Williams
Address Easton Md.
19. July 8 1940 Helen M. Aldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 7:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1939 to July 8 1940, and that I last saw him alive on July 6 1940.
Immediate cause of death Arteriosclerosis
Due to
Due to
Other conditions Cancer of hand
Primary in skin & connective tissue [illegible]
(Include pregnancy within 3 months of death)
Major findings: Duration: 18 months
Dt operations
Dt autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Chas. E. Tuyle M. D. or other
Address Stevensville Date signed 7/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93d)

07835

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jeannie Conyer

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband ~~or wife~~: Richard Conyer
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1874

8. AGE: Years: 66 Months: Days: If less than one day: hrs. min.

9. Birthplace: Centreville Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: Do not know
13. Birthplace: " " "

MOTHER
14. Maiden name: Westley Roberts
15. Birthplace: Queen Anne's Co

16. Informant: Blanche Conyer
Address: Centreville, Md.

17. (Burial, cremation, or removal (Which?)) Burial Date thereof (month) July (day) 13 (year) 1940
Cemetery or ~~crematory~~: Chesterfield
Location: Centreville, Md

18. Funeral director: Barton Bros
Address: Centreville, Md

19. (Date rec'd by registrar) July 11 1940 Mamie S. Bright
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1940, at 9:40 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 6 1940 to July 11 1940, and that I last saw her alive on July 9 1940.

	DURATION
Immediate cause of death: Cerebral Haemorrhage	July 6, 5 days
Due to: Hypertension Cardio Vascular Disease	Unknown
Due to: Arterio Sclerosis Generalized	Unknown
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. A. Layton M.D.
M. D., or other
Address: Centreville Md. Date signed 7-11-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

07836

CERTIFICATE OF DEATH

Reg. Dist. No. 2 5 H

1. PLACE OF DEATH:

County: Q A

City or town: Sudlerville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alice Emory

3. (b) Social Security Number:

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: Single

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 27 1864

8. AGE: Years: 75 Months: 11 Days: 22 If less than one day: hrs. min.

9. Birthplace: Cutlerville Md (Town, county, and state)

10. Usual occupation: Home Keeper

11. Industry or business:

FATHER

12. Name: Wm Emory

13. Birthplace: Md

MOTHER

14. Maiden name: Sarah Penngys

15. Birthplace: Md

16. Informant: R B Massey

Address: Sudlerville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 22 1940 (month) (day) (year)

Cemetery or crematory: Sudlerville Cemetery

Location: Sudlerville Md

18. Funeral director: W. H. Good

Address: Church Hill Md.

19. 7/22 1940 (Date rec'd by registrar) Col V Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940, to July 19 1940, and that I last saw her alive on July 19 1940

Immediate cause of death: Carcinoma of Stomach

Due to

Due to

Other conditions: Cachexia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: C H Mitcalfe M. D. or other

Address: Sudlerville Md Date signed: 7/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(940)

07837

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Ann

City or town: (Near) Chestertown R.D. #1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County: Queen Ann

City or town: (Near) Chestertown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Chestertown R.F.D. #1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Conrad Fey

3. (b) Social Security Number: 105-03-4641

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catharine Fey.

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Sept. 4 1873

8. AGE: Years: 66 Months: 10 Days: 6 If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Manufacturers Agent

11. Industry or business: Textiles

FATHER

12. Name: Jacob Fey

13. Birthplace: Germany

MOTHER

14. Maiden name: Louise Ebbert

15. Birthplace: Germany

16. Informant: Mrs Catharine Fey

Address: Chestertown Kent Co R.F.D. #2 Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/13/40 (month) (day) (year)

Cemetery or crematory: Homewood Cemetery

Location: Pittsburgh Pa.

18. Funeral director: Marvin V. Williams

Address: Chestertown Maryland.

19. July 10 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940, to July 10 1940, and that I last saw him alive on July 9 1940.

Immediate cause of death: Coronary thrombosis

DURATION: 12 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. G. Simpers M. D. or other

Address: Chestertown Md. Date signed: 7-10-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07838

CERTIFICATE OF DEATH

(92-d)

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne

City or town Rural Near Centerville, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne.

City or town Rural Near Centerville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary Elizabeth Higgins

3. (b) Social Security Number No.

4. Sex F.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widow.

8 (b) Name of husband or wife James W. Higgins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan, 24, 1852

8. AGE: Years 88 Months 5 Days 12 If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne (Town, county, and state)

10. Usual occupation Lady.

11. Industry or business

FATHER

12. Name D. N. Smith.

13. Birthplace Delaware

MOTHER

14. Maiden name Mary E. Downs.

15. Birthplace Md.

16. Informant James B. Higgins

Address Stars, Near Centerville, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 9, 1940 (month) (day) (year)

Cemetery or crematory

Location Denton, Md.

18. Funeral director James A. Spence

Address Easton, Md.

19. July 6 - 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1940, at 5 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2 1940, to July 6 1940, and that I last saw her alive on July 2 1940.

Immediate cause of death Chronic Valvular disease of the heart

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE N. F. McPherson M. D. or other

Address Centerville Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07839

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anne M. Hill

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col	Married

B (b) Name of husband or wife: Wesley E Hill
6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): May 1 1881

8. AGE:

Years	Months	Days	If less than one day
59	2	3	hrs. ____ min.

9. Birthplace: Chester - Maryland
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: John T Brazier
13. Birthplace: Maryland
MOTHER 14. Maiden name: Mary M. Brown
15. Birthplace: Maryland
16. Informant: Ardella Cooper
Address: Chester - Maryland
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: July 4 - 40. (month) (day) (year)
Cemetery or crematory: Cemetery (Union, M.E.)
Location: Chester Md.
18. Funeral director: Lewis A. Hennup
Address: 222 Cedar St. Cambridge Md
19. July 5 1940 F. C. Thomas Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 3 1940, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940 to July 3 1940 and that I last saw h-er alive on June 27 1940

Immediate cause of death	DURATION
Coronary heart disease	1 day
Due to Arteriosclerosis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Danny J. Price M. D. or other
Address: Queenstown Date signed: 7-4-40

RECEIVED
AUG 8 1940
BUREAU V. S.

07840

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County: Queen Anne

City or town: Chester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Q A

City or town: Chester

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Baby Kelley

3. (b) Social Security Number

4. Sex: fem

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 26 1940

8. AGE: Years | Months | Days | If less than one day

Still born ..... hrs. ..... min.

9. Birthplace: Chester Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Hilleary Dettrick Kelley

13. Birthplace: Md

MOTHER

14. Maiden name: Hilda Isabelle Tolson

15. Birthplace: Md.

16. Informant: H W Kelley

Address: Chester Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Chester

18. Funeral director: F. C. Thomas

Address: Stevensville

19. July 26 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1940 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Still born

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Delia E Snyder M.D. or other

Address: Stevensville Date signed: 7/26/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07841

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County G.A.

City or town Chester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County G.A.

City or town Chester

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Baby Kelley

3. (b) Social Security Number

4. Sex Fem

5. Color or race W

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 26 1940

8. AGE: Years | Months | Days | If less than one day

Still born ..... min.

9. Birthplace Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Stillean Wilbur Kelly

13. Birthplace Md

MOTHER 14. Maiden name Hilda Isabelle Folsom

15. Birthplace Md

16. Informant H W Kelly

Address Chester Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1940 at 415 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ....., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death Still born

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W Chas E Snyder M. D. or other

Address Stevensville Date signed 7/26/40

RECEIVED
AUG 8 1940
BUREAU V. S.

07842

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92F)

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Anne

City or town: Church Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred: Main St.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne Co.

City or town: Church Hill, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Main St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: John Dennard Long

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Laura W. Long

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan. 10, 1855

8. AGE: Years 85 | Months 6 | Days 19 | If less than one day ... hrs. ... min.

9. Birthplace: Ridgely Caroline Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER
12. Name: William Dennard Long
13. Birthplace: Ridgely Caroline Co. Md.

MOTHER
14. Maiden name: Mary Ella Rhodes
15. Birthplace: Queenstown Queen Anne Co. Md.

16. Informant: Hazel Davis Long
Address: Church Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 1, 1940 (month) (day) (year)

Cemetery or crematory: Greensboro, Md.

Location: South Side

18. Funeral director: R. B. Rawlings
Address: Greensboro, Md.

19. Aug. 1 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1940 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 1 1940 to July 29 1940 and that I last saw him alive on July 25 1940

Immediate cause of death: Acute Nephritis — DURATION: 6 mos

Due to

Due to

Other conditions: Mitral Heart Disease — 3 mos
(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE: Norman S. Dudley M. D. or other

Address: Church Hill Md. Date signed: July 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

07843

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 257

1. PLACE OF DEATH:

County Queen Anne

City or town Near Sudlersville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural - near Sudlersville Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life in Vicinity 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Near Sudlersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Sudlersville, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James A Mabrey

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Susie Mabrey (deceased)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 24 1868

8. AGE: Years 72 | Months 3 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace Kent County Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Franklin Mabrey
13. Birthplace Kent Co Delaware

MOTHER
14. Maiden name Isabel Maslin
15. Birthplace Kent Co Maryland

16. Informant Herbert Mabrey
Address Mrs Mary Forbes Middletown Del.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 7/10/40 (month) (day) (year)

Cemetery or crematory Blackstone Cemetery

Location Kent Co. - Delaware

18. Funeral director J. Wells Faries

Address Smyrna, Delaware

19. 7/8 (Date rec'd by registrar) 1940 C. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 11-45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Coronary thrombosis

Due to

Due to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 / 2

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Samuel J. Price M. D. or other

Address Queenstown Date signed 7/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

07844

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131-a)

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 254

Village or City Grasonville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susannah Mayer. If U.S. Veteran specify WAR

(a) Residence: No. Grasonville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Mayer.

6. DATE OF BIRTH (month, day, and year) Feb 10, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Thomas Tittensor

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Elizabeth Crompton.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Minnie Wehrhahn (Address) Grasonville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill, Md. Date July 31, 1940

19. UNDERTAKER Chesnowell & Donovan (Address) 3615-17 Chestnut Ave.

20. FILED July 29, 1940 - Helen M. Aldridge Loc. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 29th (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937, to July 29th, 1940.

I last saw her alive on July 28, 1940; death is said to have occurred on the date stated above, at 1:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1935
chronic interstitial nephritis	1938
endocarditis Mitralis chronica	1939

Other Contributory Causes of importance:

cerebral thrombosis with hemiplegia	June 16. 1940

Name of operation none Date of

What test confirmed diagnosis? 0 Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodor Sattelmaier M. D.

(Address) Stevensville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(92-d)

07845

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 1 week
Stay in this community (yrs., or mos., or days): 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Annie M. Meredith

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John T. Meredith
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 3 - 1857

8. AGE: Years	Months	Days	If less than one day
83	2	18	hrs. min.

9. Birthplace: Nr Queen Anne Sta, Q. A. Co
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Duties of the Home.
FATHER 12. Name: James Mitchell
13. Birthplace: Queen Anne Co -
MOTHER 14. Maiden name: Emily A. Rochburne
15. Birthplace: Queen Anne Co
16. Informant: Mr Edwin Meredith
Address: Centreville, Md
17. Burial (Burial, cremation, or removal. Which?): Date thereof July 23-40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
18. Funeral director: Barton Bros
Address: Centreville, Md
19. July 22 1940 (Date rec'd by registrar) H. Tassig B. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 4 a.m. p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1933 to 7-21 1940, and that I last saw h alive on 7-14 1940.

	DURATION
Immediate cause of death: Chronic Valvular disease of the heart	
Due to: Senility	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. L. McPherson M. D. or other
Address: Centreville Md Date signed 7-22-40

RECEIVED
AUG 5 1940
BUREAU V. S.

07846

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen Anne

City or town Near Church Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Rural Church Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Richard Sparks

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mattie Sparks

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Mch 22 1874

8. AGE: Years 66 Months 4 Days 3 If less than one day hrs. min.

9. Birthplace Queen Anne Co (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Agriculture

FATHER 12. Name Nathan Sparks

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Eliza Coursey

15. Birthplace Maryland

16. Informant Mattie Sparks

Address Church Hill Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof JULY 28 1940 (month) (day) (year)

Cemetery or crematory Church Hill Colored Cem.

Location Church Hill

18. Funeral director Wm. H. Good

Address Church Hill

19. July 27 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1940, at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 1 1937, to July 25 1940 and that I last saw him alive on June 15 1940.

Immediate cause of death Mitral Heart Lesion DURATION 3 yrs

Due to

Due to

Other conditions Acute Nephritis 6 mo

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Norman S. Dudley M. D. or other

Address Church Hill July 25 Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 8 1940
BUREAU V. S.